

Medical tourism

What Canadian family physicians need to know

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Broadly speaking, medical tourism involves patients intentionally going abroad to pursue medical services outside of formal cross-border care arrangements that are typically paid for out-of-pocket.¹ Orthopedic, dental, cosmetic, transplant, and other surgeries are offered by hospitals around the world looking to attract international patients, with such procedures often available for purchase as part of “package deals” that include recovery stays at affiliated tourist resorts or hotels.² A 2007 commentary published in *Canadian Family Physician* offered an overview of how the medical tourism industry operates, along with some critiques of the practice.³ Since then, however, the issue of medical tourism has received little attention within Canadian family medicine circles. Meanwhile, media and research attention on medical tourism is growing.⁴⁻⁷ In this commentary we synthesize what we believe are the 10 most important issues of concern for Canadian family physicians regarding Canadian patients’ involvement in medical tourism. In effect, our intent is to reignite discussion on the relevance of medical tourism to Canadian family medicine that was started by the 2007 commentary,³ and to use this as an opportunity to inform Canadian family physicians about key issues of current concern. We believe it is particularly timely to reignite discussion about medical tourism in the Canadian context given recent reports of a new “superbug” (NDM-1 [New Delhi metallo-beta-lactamase]) having been contracted by some Canadian medical tourists who underwent surgery in India in 2010.⁸

Medical tourism is thought to be an attractive option for Canadian patients who are on lengthy surgery waiting lists or who are looking to avoid high out-of-pocket payments for procedures not covered by their provincial systems (eg, dental care, cosmetic surgery).⁴ It also enables Canadians to access procedures that are not currently available here, such as what is popularly referred to as *liberation therapy* for multiple sclerosis. Despite reports of considerable growth in the industry over the past decade, particularly in Asian nations,⁹ little attention has been given to the issue of Canadians going abroad as medical tourists. Meanwhile, countries promoting medical tourism are actively courting Canadians. For example, in November 2009 a trade show promoting India as a medical tourism destination was hosted in Toronto, Ont.

Reasons for concern

There are a number of reasons why the phenomenon of Canadians going abroad as medical tourists warrants the attention of Canadian family physicians. We believe the following are the most pressing reasons for concern.

1. Inadequate regulation within the industry. The medical tourism industry is global and involves many parties beyond patients and health service providers. Currently, international regulation within the industry is lacking.⁵ Any time that regulations are lacking, patient safety could be put at risk, including the safety of Canadian patients.

2. Lack of systematic reporting of clinical outcomes. Systematically gathered and verified information about clinical outcomes from hospitals attracting medical tourists, particularly hospitals in developing nations, is mostly nonexistent.¹⁰ This leaves Canadians who are considering going abroad as medical tourists to make important decisions without having access to this valuable information.

3. Replacement of clinical decisions with financial ones. Patients going abroad might substitute clinical factors with financial factors when engaging in decision making about their care.¹¹ For example, on a recent research trip to medical tourism hospitals in southern India, we met an American patient who had shortened the recommended recovery period between 2 orthopedic surgeries in order to lessen the cost of his stay abroad.¹²

4. Exposure to new health and safety risks. While there are always risks related to medical interventions, and also to traveling abroad, medical tourism potentially exposes patients to new risks.⁴ Among them is that traveling on long flights soon after major surgery might bring about deep vein thrombosis due to compromised mobility.¹³

5. Threats to informational continuity of care. There are currently no adequate systems in place to enable the transfer of health records between medical tourists

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and their physicians in home and destination countries.⁹ This can result in Canadian patients who have chosen to go abroad as medical tourists having discontinuous medical records. International and unregulated transfers of health records might also threaten patient privacy.

6. Provision of follow-up care and monitoring happens at home. Although patients might choose to go abroad for procedures, follow-up care and long-term monitoring will likely need to happen in their home countries. This includes providing the necessary care and expertise for complications that could arise, which could be quite costly.¹¹ An implication of this need for care in countries with public health care systems, such as Canada, is that patients' home systems become responsible for bearing some of the costs of medical tourism.

7. Procedures might be illegal or untested. Some patients are motivated to go abroad by their desire to access procedures that are illegal or unavailable in their home countries, owing to their experimental status or to ethical objections to them.¹⁴ Medical tourism in this context can place particular challenges on Canadian health care providers who might need to provide follow-up care for procedures they have no experience with because those procedures are illegal or unavailable domestically.

8. Absence of monitoring. There is currently no system in place to track global flows of medical tourists.⁵ This is problematic because it is extremely difficult to grasp not only how many Canadian medical tourists there are, but also who they are and what procedures they are accessing. If such information were available, it could be used to create tailored interventions or information campaigns.

9. Health inequities could be exacerbated. Some have suggested that, by allowing patients to bypass system limitations, medical tourism is a viable way to shorten waiting lists and address other health system challenges.¹⁵ However, it is only a viable option for those who can afford it, unless health systems provide reimbursements for care accessed internationally. Because of this, medical tourism could exacerbate inequities in access to care among Canadians.

10. Canadians are going abroad as medical tourists. Despite the lack of monitoring of medical tourism in Canada and other countries, we know that Canadians are indeed going abroad for care. As an example, in 2006 a single Canadian medical tourism broker (an agent specializing in making arrangements for international patients) was contacted by 2500 people looking for information about going abroad for joint replacement and cardiac surgeries.¹⁶

Addressing the issues

Family physicians can play a number of important roles regarding Canadian patients' involvement in medical tourism. Physicians might have the opportunity to speak with these patients when they are in the decision-making stage, prompting them to think carefully about the risks and benefits of going abroad for care. Doing so might also provide opportunities to talk about strategies for minimizing health risks while in the destination country and during travel, such as through obtaining vaccinations before departure. For patients going abroad for transplantation, this could include talking about antirejection drugs and potentially providing referrals to see Canadian transplant specialists before departure. Canadian family physicians might also be in a position to speak with patients about the types of information needed from abroad in order to keep their medical records complete. New guidelines recently created by the Public Health Agency of Canada could serve as a resource for Canadian family physicians in speaking with patients about medical tourism.¹⁷ Because of the numerous roles that Canadian family physicians could play in relation to medical tourism, and thus ultimately in assisting with maintaining these patients' health and well-being, it is essential that they have an awareness about the existence of this practice among their patients and be observant for any negative or positive effects it is having on their abilities to provide treatment.

There is little doubt that issues related to medical tourism warrant attention in Canada. Indeed, medical tourism is a Canadian issue as much as it is a global one. Because of the implications medical tourism holds for Canadian patients and the Canadian health system alike, family physicians need to consider the effects that it has on the health of their patients. Canadians thinking of undertaking medical tourism need to consider the potential effects of their actions not only on the Canadian health system but also the potential effects on health systems abroad. Medical tourism could exacerbate system inequities in developing nations through prioritizing infrastructure expenditures on tertiary care services that will attract international patients instead of on primary health care services and public health measures for their own citizens.¹⁸ The underlying push factors encouraging medical tourism by Canadian patients are unlikely to dissipate, meaning that a frank discussion of the consequences of this practice by Canadian family physicians and other health care providers is increasingly urgent.



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Competing interests
None declared

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